

and recording emotional stability of patients; assisting in bathing patients and helping into and out of bed; observing patients for reaction of drugs; administering specified medication; infusing I.V. fluids; answering of patients' call signals; and keeping patients' rooms (personal effects) in order.

- (b) Units of Service: Patients (Admissions and Transfers In) Patient Days.

6.37 Pediatric Acute Care Units (PED)

- (a) The functions of Pediatric Acute Care Units (PED) are as follows:

1. Pediatric Acute Care Units provide care to Pediatric patients (normally children less than 14 years and including "boarder patients") in Pediatric nursing units on the basis of physicians' orders and approved nursing care plans. Pediatric Acute Care shall include the costs and revenues associated with all patients, regardless of age, treated on units normally reserved for the care of patients less than 14 years of age and shall not include the costs and revenues of treating patients less than 14 years in Medical-Surgical and Psychiatric Acute Units. Cost and Revenue associated with swing beds (i.e., those not designated excluding for one type of patient) shall be apportioned among the appropriate Routine Service Centers, as defined herein, based on actual utilization.

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2. All revenue generated from charge differentials between private and semi-private rooms (except those assigned for medical necessity) shall be reported as a reconciliation. Medical and Surgical Supplies should be reported in accordance with section 6.23.

3. Functions shall include the following: serving and feeding of patients; collecting of sputum, urine and feces samples; monitoring of vital life signs; operating of specialized equipment related to this function; preparing of equipment and assisting of physicians during patient examination and treatment; changing of dressings and cleansing of wounds and incisions; observing and recording emotional stability of patients; assisting in bathing patients and helping into and out of beds; observing patients for reaction to drugs; administering specified medication; infusing I.V. fluids; answering of patients' call signals; and keeping patients' rooms (personal effects) in order.

(b) Units of Service: Patients (Admissions and Transfers In) and Patient Days.

6.38 Psychiatric Acute Care Units (PSA)

(a) The functions of Psychiatric Acute Care Units (PSA) are as follows:

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1. Psychiatric Acute Care Units provide care to patients admitted for diagnosis as well as treatment on the basis of physicians' orders and approved nursing care plans. The units shall be staffed with nursing personnel specially trained to care for the mentally ill, mentally disordered, or other mentally incompetent persons. Psychiatric Acute shall include only the costs and revenues associated with services to Psychiatric patients in a unit solely designated to the care of the acute mentally ill.
2. All revenues generated from charge differentials between private and semi-private rooms (except those assigned for medical necessity) shall be reported as a reconciliation. Medical and Surgical Supplies should be reported in accordance with section 6.23. Special Service consumed by patients on Psychiatric Acute Care Units shall be reported in the Psychiatric/Psychological Services Center.
3. Functions shall include the following: serving and feeding of patients; collecting of sputum, urine and feces samples; monitoring of vital life signs; operating of specialized equipment related to this function; preparing of equipment and assisting of physicians during patient examination and treatment; observing and recording emotional stability of patients;

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assisting in bathing patients and helping into and out of bed; observing patients for reaction to drugs; administering specified medication; infusing I.V. fluids; answering of patients' call signals; and keeping patients' rooms (personal effects) in order.

- (b) Units of Service: Patients (Admissions and Transfers In) and Patient Days.

6.39 Burn Care Units (BCU)

- (a) The functions of Burn Care Units (BCU) are as follows:

1. Burn Care Units provide care to severely burned patients that are of a more intensive nature than the usual acute nursing care provided in medical surgical units. Burn Care Units shall be staffed with specially trained nursing personnel and contain specialized support equipment for burn patients who require intensified, comprehensive observation and care. Burn Care Units shall include only the costs and revenues associated with services to burn patients in a unit solely designated for this purpose. Burn patients not in a unit solely designated for this purpose shall be reported in the Intensive Care Units (ICU) center.

2. Functions shall include the following: serving and feeding of patients; collecting of sputum, urine and feces samples;

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monitoring of vital life signs; operating of specialized equipment related to this function; preparing of equipment and assisting of physicians during patient examination and treatment; changing of dressings and cleansing of wounds and incisions; observing and recording emotional stability of patients; assisting in bathing patients and helping into and out of beds; observing patients for reaction to drugs; administering specified medication; infusing I.V. fluids; answering of patients' call signal; and keeping patients' room (personal effects) in order.

- (b) Units of Service: Patients (Admissions and Transfers In) and Patient Days.

6.40 Intensive Care Units (ICU)

- (a) The functions of the Intensive Care Units (ICU) are as follows:

1. Intensive Care Units provide nursing care to patients who, because of surgery, shock, trauma, serious injury or life threatening conditions, require intensified comprehensive observation and care. These units shall be staffed with specially trained nursing personnel and contain specialized equipment for patient monitoring and life support systems. Intensive Care Units include Stroke Care, Pediatric, Intensive Care, Burn Care (not classified in BCU), Medical and Surgical Intensive Care and mixed Intensive Care-Coronary Care Units, but exclude

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units solely designated 25 Coronary Care Units or Neonatal Intensive Care Units, Medical and Surgical Supplies shall be reported in accordance with section 6.23.

2. Functions include monitoring patients' progress; operating specialized equipment; assisting physicians during examinations and treatments; dispensing prescribed medications, including I.V. solutions; cleansing and dressing incisions and wounds; maintaining patients' charts; and requisitioning and storing medical supplies and drugs kept in these units.

(b) Units of Service: Patients (Admissions and Transfers In) and Patient Days.

6.41 Coronary Care Units (CCU)

(a) The functions of the Coronary Care Units (CCU) are as follows:

1. Coronary Care Units provide the delivery of care of a more specialized nature than that provided to the usual Medical, Surgical, and Pediatric patient. The unit shall contain monitoring and specialized support or treatment equipment for patients who, because of heart seizure, open heart surgery or life threatening conditions, require intensified, comprehensive observation and care and shall be staffed with specially trained nursing personnel. Coronary patients treated in mixed Intensive/

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Coronary Care Units shall be included in the Intensive Care Units (ICU) center. Medical and Surgical Supplies shall be reported in accordance with section 6.23.

2. Functions include the following: serving and feeding of patients; collection of sputum, urine and feces samples; monitoring of vital life signs; operating of specialized equipment related to this function; preparing of equipment and assisting of physicians during patient examination and treatment; changing of dressings and cleansing of wounds and incisions; observing and recording emotional stability of patients; assisting in bathing patients and helping into and out of bed; observing patients for reaction to drugs; administering specified medication; including I.V. fluids; answering of patients' call signals; and keeping patients' rooms (personal effects) in order.

- (b) Units of Service: Patients (Admissions and Transfers In) and Patient Days.

6.42 Neonatal Intensive Care Units (NNI)

- (a) The functions of the Neonatal Intensive Care Units (NNI) are as follows:

1. A Neonatal Intensive Care Unit provides care to newborn infants that is of a more intensive nature than care provided in

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Pediatric Acute or Newborn Nursing units. Care shall be provided on the basis of physicians' orders and approved nursing care plans. The units shall be staffed with specially trained nursing personnel and contain specialized support equipment for treatment of those newborn infants who require intensified, comprehensive observation and care. Neonatal Intensive Care Units shall be designated perinatal centers by the Department of Health. Medical and Surgical Supplies should be reported in accordance with section 6.23.

2. Functions shall include the following: feeding infants; collecting sputum, urine, and feces samples; monitoring vital life signs; operating specialized equipment needed for this function; preparing equipment and assisting physicians during infant examination and treatment; changing dressings and cleansing wounds and incisions; bathing infants; observing patients for reactions to drugs and administering specified medications including I.V. fluids.

- (b) Units of Service: Patients (Admissions and Transfers In) and Patient Days.

6.43 Newborn Nursery (NBN)

- (a) The functions of the Newborn Nursery (NBN) are as follows:

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1. A Newborn Nursery shall provide nursing care to newborns on the basis of pediatricians' orders and approved nursing care plans. Newborn Nursery should include all normal care newborns. Bassinets maintained for infants other than newborn (pediatrics) shall be included were. Medical and Surgical Supplies shall be reported in accordance with section 6.23.
2. Functions include constant observation of newborns; checking on progress of newborns; feeding and diapering newborns; assisting pediatricians during examination and treatment; operating special equipment; dispensing prescribed medication; and educating new mothers on infant care; maintaining newborns' charts; requisitioning and sorting medical supplies, drugs and infants formulae; and scheduling newborns for ancillary services.
3. Costs associated with units designated by the Department of health as perinatal centers should be reported in this cost center.

(b) Units of Service: Patient and Patient Days (counted comparably with non-newborn patients).

6.44 Emergency Services (EMR)

(a) The functions of the Emergency Services (EMR) are as follows:

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1. Emergency Services provide emergency treatment to sick and injured patients requiring medical care on an immediate, unscheduled basis. Also included are non-emergency type patients who request outpatient treatment on an unscheduled basis in the Emergency Room.
2. Functions include: assisting critical patients to and from vehicles; expediting treatment for critical patients for ancillary services; coordinating emergency admissions; operation of an ambulance, operation of cast room; assisting physicians in emergency treatment; cleaning and dressing wounds; applying casts; maintaining aseptic conditions; monitoring of vital life signs.

(b) Units of Service: Visits.

6.45 Anesthesiology Services (ANS)

(a) The functions of the Anesthesiology Services (ANS) are as follows:

1. Anesthesiology Services are a hospital based service conducted under the direction of either a qualified physician trained in anesthesiology (i.e., an anesthesiologist) or the operating surgeon.

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